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CONFIRMATION NO. 4572

<b>SERIAL NUMBER</b> 10/664,371	<b>FILING or 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> HAN-022		
<b>APPLICANTS</b> Jorge L. Orbay, Miami, FL; <b>** CONTINUING DATA *****</b> OK. AR. 6/6/2010. This application is a CIP of 10/401,089 03/27/2003 PAT 6,866,665 <b>** FOREIGN APPLICATIONS *****</b> None. AR. 6/6/2010. <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/08/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ANU RAMANA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> <del>36</del> 1	<b>INDEPENDENT CLAIMS</b> <del>7</del> 1
<b>ADDRESS</b> GORDON & JACOBSON, P.C. 60 LONG RIDGE ROAD SUITE 407 STAMFORD, CT 06902 UNITED STATES						
<b>TITLE</b> ANATOMICAL DISTAL RADIUS FRACTURE FIXATION PLATE						
<b>FILING FEE RECEIVED</b> 1856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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